

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

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GROUP INSURANCE COMMISSION

*Providing State and Participating
Community Employees, Retirees,
and Their Dependents with Access
to Quality Care at
Reasonable Costs*

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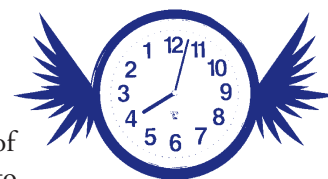
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**The GIC Welcomes the
CITY OF LAWRENCE
Effective November 1, 2010.**

**See inside for photos
from the special fair**

It's Back to the Future for HMOs and Limited Network Plans' Popularity – When Enrolling Makes Sense

The prediction of the demise of Health Maintenance Organizations (HMOs) may have been premature. Many people were enrolled in HMOs in the 1990s, but the popularity of HMOs declined as physicians and patients objected to some of the plans' restrictions. However, more and more people are reconsidering HMOs today as these plans keep costs more affordable: participating providers – doctors, hospitals, and other health care providers – manage and coordinate care for their patients. This model encourages information sharing between physicians and prevents unnecessary tests and procedures.



A lot has changed in the health care market since the 1990s. Average family premium costs have skyrocketed from \$5,791 in 1999 to \$13,375 in 2009, according to a Kaiser Family Foundation study. Employers are paying an average of \$5,613 more per employee with family coverage than they did in 1999 – a 132% increase. Consumers are also bearing a larger share of these cost increases with higher premium contributions, deductibles and copays. So what's the solution? Some employers are returning to HMOs and limited network plans.

Limited network plans are expected to play a big role in the health insurance that will be introduced in 2014 under the federal health reform law. Because physician and hospital costs vary more based on market clout rather than quality of care, the sickness of the population, or the complexity of services (*Attorney General's March 16, 2010, "Examination of Health Care Cost Trends and Cost Drivers"*), limited network options can allow health plans to provide access to high quality providers at lower costs. The recently enacted Massachusetts Small Business Law also provides for limited network plans to help keep costs under control. The *New York Times* reports (July 17, 2010) that businesses of all sizes will gravitate towards limited plans, reducing premiums by as much as 15 percent by offering these plans.

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For GIC members, premium savings for limited network options can exceed these national employer savings. Employees who selected Tufts Health Plan Spirit over the Tufts Navigator option during annual enrollment saved 21% off their premium cost effective July 1. Employees who chose Harvard Pilgrim Primary Choice Plan over the Harvard Pilgrim Independence Plan enjoyed similar savings. All of the GIC's PPO-type plans now offer limited network plans at lower premiums than their larger provider access counterparts. GIC HMOs by definition are limited network plans and offer savings compared to other options, and benefits are essentially the same (with a few exceptions) in all GIC plan types. The major difference between these lower cost plans and the GIC's other plans is the size of the network.

So when does a limited network plan make sense for you?

Your own and your family's health care needs vary over your lifetime and it's important to weigh your options each year at annual enrollment time:

- ◆ Doctors and hospitals move in and out of health plan networks. *At annual enrollment, check to see whether your*

providers are still in your health plan or a health plan you are considering:

- ❖ Be sure you are specific about a particular plan's name when contacting a health plan to find out whether your doctors and hospitals participate in that plan.
- ❖ If you or a family member have a serious medical condition and are currently involved in a treatment program with a particular physician or hospital that you do not wish to interrupt, it's important to confirm whether those doctors and hospitals participate in your current health plan or plans you are considering as of July 1.
- ◆ When you choose a health plan, you must remain in that plan until the next annual enrollment period. The only exceptions to this are if you move out of a plan's service area.
- ◆ Weigh how much more you are willing to pay for wider provider choice.

The following chart provides basic information on the number of providers and relative premium costs by GIC employee health plan.

***Provider Access and Plan Cost
July 1, 2010***

GIC Employee/Non-Medicare Plan	# Massachusetts Physicians	# Massachusetts Hospitals	Premium Cost
Fallon Community Health Plan Direct Care	5,000	19	\$
Fallon Community Health Plan Select Care	12,700	55	\$\$
Harvard Pilgrim Independence Plan	24,200	70	\$\$\$
Harvard Pilgrim Primary Choice Plan	17,900	57	\$\$
Health New England	6,500	15	\$
NHP Care (Neighborhood Health Plan)	16,000	63	\$\$
Tufts Health Plan Navigator	22,400	70	\$\$\$
Tufts Health Plan Spirit	5,800	29	\$\$
UniCare State Indemnity Plan/Basic	All doctors	All hospitals	\$\$\$\$\$
UniCare State Indemnity Plan/Community Choice	All doctors	44	\$
UniCare State Indemnity Plan/PLUS	All doctors	70	\$\$\$

The bottom line – you don't necessarily need access to every doctor and hospital. What's most important is that you select a plan that includes the doctors and hospitals you and your family are likely to use.

GIC Members Benefit with “Medical Home” Programs

If you or a family member is sick, you want the best care possible: comprehensive, continuous, accessible, coordinated, family-centered, and compassionate. The joint principles developed by the primary care medical societies is just that. Many GIC members are currently benefiting from these programs or will in the future.

The National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving health care quality, has implemented criteria that recognize providers who provide this high level of care:

- ❖ Care management – every patient has an ongoing relationship with a personal physician who provides continuous and comprehensive care
- ❖ Access and communication – which can include open scheduling, expanded hours, and new options for communication between patients, their personal physician and practice staff
- ❖ Patient tracking and registry functions – information technology to support optimal patient care, performance measurement, and communication
- ❖ Patient self management support – patients actively participate in decision-making and their input is sought
- ❖ Electronic prescribing, test tracking, referral tracking, performance reporting and improvement, and advanced electronic communication – technology is used to enhance coordination and continuity of care

Health New England: Over 4,200 of HNE’s GIC members who receive their health care at Riverbend Medical Group and Valley Medical Group are receiving the benefits of a Medical Home Program. Both provider groups have earned the highest level of NCQA medical home certification (Level 3). Patients with chronic conditions receive enhanced case and disease management benefits. For example, many are assigned a care coordinator to help them manage appointments, tests and medication adherence. Quality management teams at these facilities meet regularly to address all aspects of a patient’s care and electronic medical records and best prac-

tices of care are followed. In exchange for this top notch care, the providers receive enhanced payments.

Fallon Community Health Plan: Over 100 high-risk GIC diabetic patients are receiving Medical Home benefits at Fallon Clinics. Patients receive coordination of care, including comprehensive electronic medical records that are accessible by participating providers. Dedicated medical assistants and nurses follow up with patients to be sure they are adhering to prescribed testing, medications, and consultations.

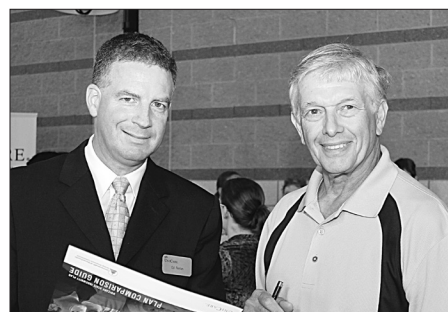
UniCare State Indemnity Plans: Over 700 UniCare members with asthma, diabetes, depression and other chronic conditions who receive care at Acton Medical Associates have medical home benefits. The practice, which offers extended hours and electronic medical records, just received NCQA Level 3 Medical Home accreditation. Additionally, over 800 UniCare members who receive care at Pittsfield Family Practice Associates may soon benefit with a Medical Home Program. The practice is restructuring their office in an effort to meet NCQA’s standards. Both practice groups will be working with UniCare over the next two years to improve their quality and coordination of care in compliance with the medical home model in exchange for enhanced reimbursements.

Neighborhood Health Plan has enrolled 18 GIC members into its Community Medical Alliance (CMA) mobile practice that coordinates care for members with complex health care needs. CMA’s clinical staff visit the patients at their homes or work settings to assess the patients’ physical, behavioral and cultural needs so that an effective plan of care can be developed and implemented. CMA staff has remote access to NHP’s care management database and are available 24 hours a day, seven days a week.

Other GIC health plans are currently working to develop Medical Home programs and more GIC members will benefit from these programs in the future.



City of Lawrence employees and retirees wait to enroll in GIC coverage at City’s benefits department table.



Ed Fenion of UniCare (left) reviews marketing materials with City of Lawrence retiree Joe Parolisi.



State Employees - Enroll in a Flexible Spending Account and Save Money

Open Enrollment October 4 – November 22

State employees save on average \$250 for every \$1,000 contributed to a Flexible Spending Account (FSA), depending on their household income, and more employees are taking advantage of these money saving programs. Last year, 42% more state employees enrolled in the program, saving money on federal and state taxes. Don't miss out on your chance to save. Enroll between October 4 and November 22, 2010, for benefits effective January 1, 2011. ***Even if you are a current participant, you must re-enroll to receive benefits in 2011.***

There are two FSA options, both administered by Benefit Strategies LLC:

Health Care Spending Account (HCSA)

The most popular FSA is the Health Care Spending Account. With the HCSA, pay for out-of-pocket medical expenses on a pre-tax basis, such as:

- ❖ Calendar year deductibles
- ❖ Physician office visit and prescription drug copays
- ❖ Outpatient surgery and inpatient hospitalization copays
- ❖ Eye wear and exams not covered by your vision plan
- ❖ Orthodontia and dental expenses not covered by your dental plan

Note that over-the-counter drugs will no longer be eligible for HCSA benefits unless accompanied by a doctor's prescription (*see article on page 5*).

Elect from a minimum \$500 to a maximum of \$5,000 for the 2011 calendar year. Benefit Strategies will automatically send you a free debit card to pay for eligible expenses without the need to submit paper claims. The card works like a credit card – just sign the receipt and your expenditures are paid from your HCSA account. However, remember to save all receipts in case a future validation of your claims is needed. Alternatively, you may submit a receipt with the claim form and have the reimbursement deposited to your bank account or sent to you by check.

HCSA Eligibility

All active state employees who are eligible for health benefits with the GIC are eligible to enroll in the HCSA. Employees must work at least 18.75 hours in a 37.5 hour work week or 20 hours in a 40-hour workweek.

Dependent Care Assistance Program (DCAP)

With DCAP, you can pay for child care, after school programs, or day camp for your dependent child under age 13 or adult dependent day care expenses on a pre-tax basis. Elect up to \$5,000 annually. As you incur expenses, have your day care provider sign the claim form before you send it to Benefit Strategies. If you enroll in direct deposit, they will deposit the reimbursement to your bank account. Alternately, they will send you a check.

DCAP Eligibility

Active state employees, including contractors, who work half-time or more and have employment-related expenses for a dependent child under age 13 and/or a disabled adult dependent are eligible for DCAP benefits.

Administrative Fee and Election Amount

For the 2011 calendar year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$3.60 on a pre-tax basis.

! If you are a state employee who is receiving a reimbursement for the increased copays and deductibles that became effective February 1, 2010, the incremental reimbursements cannot be reimbursed from your HCSA. When making your 2011 election, estimate the amount of out-of-pocket health care expenses you will have excluding the new calendar year deductible and increased copay amounts that became effective February 1, 2010.

Be sure to estimate your election amounts carefully for HCSA and DCAP. The Internal Revenue Service imposes a "Use or Lose" provision on FSA accounts – any unused funds at the plan's year end (which includes a 2 ½ month grace period) are forfeited.

Enrollment and Additional Information

Be sure to take advantage of the FSA Open Enrollment to save on federal and state taxes in 2011. Enrollment forms are due **no later than Monday, November 22**. Current participants will receive instructions for re-enrolling online. New participants, see the GIC's website or your payroll coordinator for the enrollment form. *For additional information, call Benefit Strategies 1-877-FLEXGIC (1-877-353-9442) or see the GIC's website: www.mass.gov/gic.*

State Retirees Save Money with Vision Discount Program



Everyone's looking to save money, but some state retirees are not familiar with one of their GIC benefits – the GIC Vision Discount Program. There is no monthly premium or fee to use the program; you pay for the services at the discounted price when they're needed. Provided by Davis Vision, the program offers significant discounts on the following vision services:

❖ Eye examinations

- ❖ Frames – 280 plan styles or credit towards non-plan frames
- ❖ Spectacle lenses – all eyeglass prescriptions; glass or plastic; single vision, bifocal or trifocal lenses; clear or tinted lenses
- ❖ Contact lenses – disposable, frequent replacement and standard, soft, and daily-wear
- ❖ Two-year unconditional warranty against breakage

Savings examples include:

Service and Materials	Average Retail Value	State Retiree Cost
Eye examination (in Massachusetts)	\$100	\$50
Davis Vision frame with Varilux™ no-line Bifocal progressive lenses	\$375	\$194
Tint	\$20	\$0
Scratch resistant coating	\$40	\$20
Two-year breakage warranty	\$30+	\$0
TOTAL COST	\$565+	\$264
Savings with GIC Retiree Vision Discount Program		\$301

The plan is available at any of the over 19,000 participating Davis Vision providers throughout the United States. *To find participating providers, go to www.davisvision.com and enter your GIC ID number or control code 7621. To take advantage of this program, find providers near you, and for additional details, call Davis Vision at 1-800-224-1157.*



Over-the-Counter Drug Costs Not Eligible for HCSA Effective January 1, 2011

As part of the Federal Patient Protection and Affordable Care Act, over-the-counter (OTC) drugs (such as Tylenol® and Prilosec® OTC) will no longer be an eligible expense for HCSA benefits effective January 1, 2011, unless accompanied by a prescription.

OTC expenses incurred between now and December 31, 2010: If you are a current HCSA participant, OTC expenses for the rest of this calendar year will not need a prescription and may be paid with your Benefit Strategies HCSA debit card (as long as you have a remaining balance available).

OTC expenses incurred on or after January 1, 2011 will require a doctor's written directive: To be reimbursed for doctor-ordered OTC drugs, you may pay for the OTC drugs and then submit a claim form along with the prescription and the receipt to Benefit Strategies for reimbursement.



It's Never Too Late to Change Your Eating Habits

Guest Editorial by Thomas H. Ebert, MD

Vice President and Chief Medical Officer, Health New England



Taking charge of your health doesn't have to be hard or cost a lot of money. Making healthy life-style choices is a simple way to reduce your risk of many health problems. Eating a nutritious, well balanced diet is an important way you can start making a difference today. The Dietary Guidelines for Americans offers sound advice that will help to promote your health and reduce your risk for chronic diseases such as heart disease, certain cancers, diabetes, stroke, and osteoporosis. The 10 Guidelines are grouped into the ABC's of nutrition:



A: Aim for fitness

- ❖ Aim for a healthy weight.
- ❖ Be physically active each day.

B: Build a healthy base

- ❖ Let the Pyramid guide your food choices (log onto <http://www.mypyramid.gov/>)
- ❖ Choose a variety of grains daily, especially whole grains.
- ❖ Choose a variety of fruits and vegetables daily.
- ❖ Keep food safe to eat.

C: Choose sensibly

- ❖ Choose a diet that is low in saturated fat and cholesterol and moderate in total fat.
- ❖ Choose beverages and foods to moderate your intake of sugars.
- ❖ Choose and prepare foods with less salt.
- ❖ If you drink alcoholic beverages, do so in moderation.

Source: USDA's Center for Nutrition Policy and Promotion website at www.cnpp.usda.gov

- ❖ Use a smaller plate. Unless you are doing more than a few hours of exercise every day, you don't need big helpings, so you don't need a big plate to serve them on.
- ❖ Cut your plate into 3 sections. First cut your plate down the middle, then cut one of the half's in half again.
 - ❖ The large portion (half) of your plate should be made up of vegetables.
 - ❖ Pasta or rice should only make up about one quarter of the food on your plate.
 - ❖ Lean meat/poultry (protein) should make up the other one quarter of your plate.
- ❖ Eat a piece of raw fruit before lunch and dinner. This will help you to eat a little less and help you reach your 5-a-day target for fruit and vegetables.
- ❖ Slow down. It takes about 20 minutes for your brain to get the message that your stomach is full. If you still feel hungry after 20 minutes, have another serving of vegetables.
- ❖ Choose individual snack packs. These are already measured into individual portions.
- ❖ Start tracking what and how much you eat.
- ❖ Be a Smart Shopper
 - ✓ **Never shop hungry!** The foods we choose when we are hungry tend to be higher in fat, calories and sugar.
 - ✓ **Prepare a list and stick to it!** Making your choices ahead of time can help you to avoid impulse purchases.
 - ✓ **Read the nutrition facts labels** – This is one of the best tools for making healthier choices.

Where can I get more information?

To learn more about how to become a savvy shopper, visit www.hne.com/grocerystoretour or call 800.842.4464 ext. 3391 to request a copy of *HNE's Healthy Directions Living Well Eating Smart™ a Grocery Store Tour* DVD along with an in-depth supplement to assist you in making healthier lifestyle choices.

Thomas H. Ebert, MD, is a board-certified internist and nephrologist. Dr. Ebert practiced in Worcester for 20 years and has served as HNE's Chief Medical Officer for 12 years.

Getting Started

Reading and understanding nutrition food labels is important. Food labels provide information on calories, serving sizes and nutrients.

Managing portion sizes is one of the greatest challenges. Here are a few tips to help you control your portions:

Nutrition Facts	
Serving Size ½ cup (114g) Servings Per Container 4	
Amount Per Serving	
Calories 90	Calories from Fat 30
% Daily Value*	
Total Fat 3g	5%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 300mg	13%
Total Carbohydrate 13g	4%
Dietary Fiber 3g	12%
Sugars 3g	
Protein 3g	
Vitamin A 80%	Vitamin C 60%
Calcium 4%	Iron 4%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your caloric needs.	
Calories:	2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram: Fat 9 • Carbohydrate 4 • Protein 4	

The GIC will Have Leadership Role on Implementing National Health Care Reform, according to Newest Commissioner

As the GIC evaluates the federal health reform legislation and weighs its options, the GIC's newest Commissioner, Laurel Sweeney, says the Commission can serve as a role model to other states as reforms are implemented. This fall the Commission will be reviewing provisions of the Affordable Care Act that affect the GIC, including appeals processes, preventive service coverage, and dependent coverage. "A great deal of uncertainty remains about health care due to the sheer size of the health reform legislation, the number of people it affects, its impact on Massachusetts reforms already in place, and the authority it leaves to regulators," says Ms. Sweeney. "The Commission can play a key role in addressing these issues by continuing to take a leadership role in communications to members, creative benefit design, implementing payment reforms and quality incentives that will improve the efficiency and effectiveness of health care delivery," she says.



As Senior Director of Global Reimbursement Policy for Philips Healthcare, a global technology company, Ms. Sweeney brings a range of health care expertise to the Commission. In this position, she develops and leads the global reimbursement function for the company, implementing reimbursement strategies for clinical trials, overseeing relationships with public and private payers, trade organizations, provider and patient organizations, and providing advice on the new reimbursement regulation's impact. "Through lessons learned from health care systems outside of the U.S. and the use of technology to help drive meaningful innovation, my unique perspective on reform will be helpful to the Commission as we weigh our options," she says.

Welcome, Commissioner Sweeney!

GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan, Primary Choice Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care (<i>Neighborhood Health Plan</i>)	1-800-462-5449 www.nhp.org
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Medicare Complement, Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan Basic, Community Choice, Medicare Extension (OME), & PLUS Prescription Drugs (<i>CVS Caremark</i>)	1-800-442-9300 http://www.unicarestatplan.com 1-877-876.7214 www.caremark.com
Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)

Other Benefits for State Enrollees



Life Insurance and AD&D (<i>The Hartford</i>)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (<i>Unum</i>)	1-877-226-8620 www.mass.gov/gic
Health Care Spending Account (HCSA) & Dependent Care Assistance Program (DCAP) (<i>Benefit Strategies</i>)	1-877-353-9442 www.mass.gov/gic
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>Davis Vision</i>)	1-800-650-2466 www.davisvision.com

Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors (<i>United Behavioral Health</i>)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA) www.mass.gov/rmtts
Medicare (<i>Federal Program</i>)	1-800-633-4227 www.medicare.gov
Social Security Administration (<i>Federal Program</i>)	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/retirement

Other Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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Keep in Mind

Q I am a retiree and in the winter we reside in Florida. How can I make sure we receive our annual GIC benefit statement, the winter For Your Benefit newsletter and annual enrollment communications?



A) Write to the GIC to let us know of your seasonal address and we will change your address in our system. Include your name, GIC Identification number (usually your Social Security Number), telephone number, and the date of the change. Also notify the U.S. post office in person or on their website (www.usps.com) of the address change. Be sure to notify the GIC when you return to your year-round residence so we can change the address again.

Q How can I add our newborn to our family's GIC health coverage?

A) Notify the GIC Coordinator in your benefits office and give the coordinator a copy of the birth certificate. Your Coordinator will ask you to complete a form, which they will forward to the GIC; we will update your health plan. Retirees should notify the GIC in writing, not their former benefits office, with family status changes.



Benefits staff Yolanda Fonseca, Frank Bonet and Ruth Hayes (left to right) confer before the opening of the City of Lawrence health fair.



GIC Director of Operations Paul Murphy (left) talks about the special GIC enrollment fair with City of Lawrence mayor William Lantigua.